PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

		не не	na, w	1 59620-25	01			•	
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						-	Second Semester to County Superint to State Superinter	tendent
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCI	HOOL BUS TRA	NSPORTATION:	
This clain	n is for the	period beginning			,	20 and e	nding	,2	20
			1	month	day		n	nonth da	y
CERTIF	ICATIO	N:							
The infor	mation on	this form is compl	lete and	accurate to the	e best of my kno	owledge.			
Date			Signatu	re, Chair, Board	d of Trustees				
County:			District:	:				District Lev	el:
16 Galla	tin		0347	Manhatt	an Elem			Elemen	tary
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
59	3	1-MAUDLO)W	62.4	1.57	71	08/24/04		
59	3	2-CHURC	Н	88	1.57	72	08/24/04		
59	3	3-ANCEN	Y	80.4	1.80	84	08/24/04		
59	3	4-Logan		48.6	1.57	71	08/24/04		
59	3	5-Wooden S	hoe	66.2	0.95	48	08/24/04		

PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

		Hele	na, w	1 59620-25	01			•	
DUE DATES:		February 1 February 15	to Cou				•	Second Semesto o County Supering o State Superinto	ntendent
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SC	HOOL BUS TRA	NSPORTATION	I :
This clain	n is for the	period beginning			,	20 and ε	ending		, 20
			1	month	day		n	nonth d	lay
CERTIF	ICATIO	N:							
The infor	mation on	this form is compl	ete and	accurate to the	e best of my kn	owledge.			
Date			Signatu	re, Chair, Board	d of Trustees				
County:			District	:				District L	evel:
16 Galla	tin		0348	Manhatt	an H S			High S	School
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
41	3	1-MAUDLO)W	62.4	1.57	71	08/24/04		
41	3	2-CHURC	Н	88	1.57	72	08/24/04		
41	3	3-ANCEN	Y	80.4	1.80	84	08/24/04		
41	3	4-Logan		48.6	1.57	71	08/24/04		
41	3	5-Wooden S	hoe	66.2	0.95	48	08/24/04		



School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES:

County:

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

District:

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

District Level:

16 Gallatin 0350 Bozeman Elem Elementary

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
60	7	01	86	1.57	77	07/14/04		
60	7	03	77	1.57	77	07/14/04		
100	7	03F	14	1.57	77	07/14/04		
60	7	05	86	1.57	77	07/14/04		
100	7	05F	10	1.57	77	07/14/04		
60	7	07	61	1.57	77	07/14/04		
100	7	07F	26	1.57	77	07/14/04		
60	7	09	30	1.57	77	07/14/04		
60	7	11	115	1.57	77	07/14/04		
60	7	13	36	1.57	77	07/14/04		
60	7	15	74	1.57	77	07/14/04		
60	7	17	59	1.57	77	07/14/04		
100	7	17F	20	1.57	77	07/14/04		
60	7	19	30	1.57	77	07/14/04		
60	7	21	28	1.57	77	07/14/04		
100	7	21F	25	1.57	77	07/14/04		
60	7	23	46	1.57	77	07/14/04		
100	7	23F	20	1.57	77	07/14/04		
60	7	25	47	1.57	77	07/14/04		
60	7	27	87	1.57	77	07/14/04		
60	7	29	56	1.57	77	07/14/04		
60	7	31	43	1.57	77	07/14/04		
100	7	31F	15	1.57	77	07/14/04		
60	7	33	106	1.57	77	07/14/04		
60	7	35	74	1.57	77	07/14/04		
100	7	37	36	1.57	77	07/14/04		
100	7	37F	10	1.57	77	07/14/04		
60	7	39	41	1.57	77	07/14/04		
60	7	41	64	1.57	77	07/14/04		
60	7	43	40	1.57	77	07/14/04		
100	7	45	30	0.00	77	07/14/04		



School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

100

60

60

60

60

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7

7

7

First Semester February 15 to State Superintendent

Second Semester May 10 to County Superintendent May 24 to State Superintendent

February 1 to County Superintendent S: COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 16 Gallatin 0350 Bozeman Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Mile Operated Social Security # Percentage # Per Day Capacity Inspection 100 7 45F 10 0.00 77 07/14/04 7 60 47 186 1.57 77 07/14/04 7 49 60 77 07/14/04 60 1.57 7 100 49F 30 1.57 77 07/14/04 7 77 60 51 54 1.57 07/14/04 60 7 53 32 1.57 77 07/14/04 7 77 100 53F 10 1.57 07/14/04 7 75 1.57 77 07/14/04 60 55 7 44 77 60 57 1.57 07/14/04 7 77 100 57F 10 1.57 07/14/04 60 7 61 48 1.57 77 07/14/04 7 15 77 100 61F 1.57 07/14/04 60 7 64 77 07/14/04 63 1.57 7 30 1.57 77 07/14/04 60 65 7 100 12 77 07/14/04 65F 1.57 60 7 67 30 1.57 77 07/14/04 7 42 77 07/14/04 60 69 1.57 7 60 69A 70 1.57 77 07/14/04 60 7 71 33 1.57 77 07/14/04

77

77

34

77

77

07/14/04

07/14/04

07/14/04

07/14/04

07/14/04

TR-6 (1/05) Page 2

71F

73

75

77

79

25

33

101

64

98

1.57

1.57

0.95

1.57

1.57



School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES:

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

This claim is for the period beginning ________, 20____ and ending ________, 20____.

month day month day

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees						
County:	District:	District Level:					

16 Gallatin 0351 Bozeman H S High School

10 Ganaun 0.		0331	DUZCIIIAI				ingh School			
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		
40	7	01	86	1.57	77	07/14/04				
40	7	03	77	1.57	77	07/14/04				
40	7	05	86	1.57	77	07/14/04				
40	7	07	61	1.57	77	07/14/04				
40	7	09	30	1.57	77	07/14/04				
40	7	11	115	1.57	77	07/14/04				
40	7	13	36	1.57	77	07/14/04				
40	7	15	74	1.57	77	07/14/04				
40	7	17	59	1.57	77	07/14/04				
40	7	19	30	1.57	77	07/14/04				
40	7	21	28	1.57	77	07/14/04				
40	7	23	46	1.57	77	07/14/04				
40	7	25	47	1.57	77	07/14/04				
40	7	27	87	1.57	77	07/14/04				
40	7	29	56	1.57	77	07/14/04				
40	7	31	43	1.57	77	07/14/04				
40	7	33	106	1.57	77	07/14/04				
40	7	35	74	1.57	77	07/14/04				
40	7	39	41	1.57	77	07/14/04				
40	7	41	64	1.57	77	07/14/04				
40	7	43	40	1.57	77	07/14/04				
40	7	47	186	1.57	77	07/14/04				
40	7	49	60	1.57	77	07/14/04				
40	7	51	54	1.57	77	07/14/04				
40	7	53	32	1.57	77	07/14/04				
40	7	55	75	1.57	77	07/14/04				
40	7	57	44	1.57	77	07/14/04				
40	7	61	48	1.57	77	07/14/04				
40	7	63	64	1.57	77	07/14/04				
40	7	65	30	1.57	77	07/14/04				
40	7	67	30	1.57	77	07/14/04				

PI	

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

			,							
DUE DATES:		February 1 February 1	to Cou				•	Second 0 to County 4 to State S	_	ntendent
COMPL	IPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR						CHOOL BUS TE	RANSPOR	FATION	•
This clair	n is for the	period beginning	,	month	day,	20 and	l ending	month		20 ay
CERTIF	ICATIO	N:								
		this form is comp	lete and	accurate to th	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:			District	:					District Le	evel:
16 Galla	tin		0351	Bozemar	ı H S				High S	School
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		ays rated	Bus Driver's Social Security #
40	7	69		42	1.57	77	07/14/04			
40	7	69A		70	1.57	77	07/14/04	-		
40	7	71		33	1.57	77	07/14/04			
40	7	73		33	1.57	77	07/14/04			
40	7	75		101	0.95	34	07/14/04			
40	7	77		64	1.57	77	07/14/04			
40	7	79		98	1.57	77	07/14/04			

PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	ena, M⁻	Г 59620-25		School Bus Transportation County				
DUE DATES:		February 1 February 1	to Cou			Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIMI	BURSEMEN	T FOR SCH	IOOL BUS TRAI	NSPOR'	TATION:	
This clain	m is for the	period beginning	g		,	20 and er	ding		, 20_	•
			1	month	day		m	onth	day	
CERTIF	ICATIO	N:								
The info	mation on	this form is comp	olete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:			District	:					District Level:	
16 Gallatin 0354 Willow Creek Elem									Elementa	ry
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		ays erated	Bus Driver's Social Security #
70	J15-17	1		46	1.15	53	07/28/04			

0	PI	

Percentage

30

#

15

#

1

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

Per Day

46

Per Mile

1.15

School District Claim for
State Reimbursement for
School Bus Transportation

State	
District	
County	

Social Security #

	Helena, MT 59620-2501						Concor Buo Tranop	, ortalion		
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLE	TE THI	S CLAIM FO	OR STA	TE REIMI	BURSEMEN	NT FOR SCHO	OOL BUS TRANSPO	RTATION:		
This claim	is for the	period beginning	,	month	, day	20 and end	ing month	, da	20	
CERTIFI	CATION	1:								
The inform	nation on t	his form is comp	lete and	accurate to th	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:			District	:				District Le	vel:	
16 Galla	tin		0355	Willow (Creek H S			High S	chool	
	District	Route	-	Miles	Rate			Days	Bus Driver's	

Capacity

53

Inspection

07/28/04

Operated

0	PI

22

13

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

39

1.57

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	Helena, MT 59620-2501						School Bus Transportation				
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPORTATIO	N:		
This clair	n is for the	period beginning	_	month	day,	20 and en	0	nonth	, 20 day		
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	olete and	accurate to the	e best of my kno	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County: District:							District	Level:			
16 Galla	16 Gallatin 0359 Cottonwood Elem							Elem	entary		
Parcentage	District	Route		Miles Per Day	Rate Por Mile	Canacity	Inspection	Days Operated		Bus Driver	

71

08/02/04

0	PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

	February 1 to	County Superin			•	o County Superin	tendent
ETE TH	IS CLAIM FOR	STATE REIME	BURSEMEN	T FOR SCH	IOOL BUS TRA	NSPORTATION:	1
n is for the	period beginning			20 and er	nding		20
	. 0 0-	month	day		_		
[CATIO]	N:						
mation on	this form is complet	te and accurate to the	e best of my kno	owledge.			
ste Signature, Chair, Board of Trustees							
	District:					District Le	vel:
tin	0	360 Three Fo	rks Elem			Elemei	ıtary
District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
J-24	Clarkston	82	1.57	71	08/23/04		
J-24	Lane	108	1.36	60	08/23/04		
J-24	Madison	93	1.36	60	08/23/04		
J-24	Trident	72	1.57	71	08/23/04		
	tin District # J-24 J-24 J-24	February 1 to February 15 to February 1 to February	February 15 to State Superint ETE THIS CLAIM FOR STATE REIME In is for the period beginning	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMEN In is for the period beginning	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCENARIOS of the period beginning	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRA In is for the period beginning	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: n is for the period beginning

0	PI

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 16 Gallatin 0361 Three Forks H S **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Capacity Operated Social Security # Percentage Inspection 33 J-24 Clarkston 82 1.57 71 08/23/04 33 J-24 Lane 108 1.36 60 08/23/04 33 J-24 Madison 93 60 08/23/04 1.36 72 33 J-24 Trident 1.57 71 08/23/04

0	PI	

35

1

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

53.2

1.57

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	ena, MT	59620-25	01		School Bus	ransportatio	n `	county		
DUE DATES:	rebruary 1 to County Supermittendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPL	ETE TH	IS CLAIM FO)R STA	TE REIME	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPORTATIO	N:			
This clair	n is for the	period beginning	ng									
CERTIF	ICATIO	N:										
The infor	mation on	this form is comp	olete and	accurate to the	e best of my kn	owledge.						
Date	Signature, Chair, Board of Trustees											
County:		District: District Level:										
16 Galla	tin		0364	Gallatin	Gateway l	Elem	em Elementary					
Parcentage	District #	Route		Miles	Rate Per Mile	Days Bus Driver Capacity Inspection Operated Social Securi				us Driver		

71

08/30/04

PI

41

North

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

21.4

0.00

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	lena, MT 59620-2501 School Bus Transportation							County		
DUE DATES:	repluary 1 to County Superintendent						-	to Count	l Semester y Superin Superinter	tendeı	nt	
COMPL	ETE TH	IS CLAIM FO	R STA	ATE REIME	BURSEME	NT FOR	SCHO	OL BUS TRA	ANSPOR'	TATION:		
This clain	im is for the period beginning							_•				
				month	day		month day					
CERTIF	ICATIO:	N:										
The infor	mation on	this form is comp	lete and	accurate to the	e best of my k	nowledge.						
Date Signature, Chair, Board of Trustees												
County:	County: District:					District Level:						
16 Galla	tin		0366	Anderso	n Elem		Elementary					
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capac	eity	Inspection		ays erated	S	Bus Driver's Social Security #
100	41	2 South		16.2	1.57	71		08/25/04				

71

08/12/04



School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

First Semester February 15 to State Superintendent

Second Semester May 10 to County Superintendent May 24 to State Superintendent

February 1 to County Superintendent **S**: COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 16 Gallatin 0368 Belgrade Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Operated Social Security # Percentage # Per Day Per Mile Capacity Inspection 82 44 1 57 1.57 71 08/02/04 82 44 10 39 1.57 71 08/02/04 82 44 50 71 08/02/04 11 1.57 82 44 12 52 1.57 71 08/02/04 71 82 44 14 52 1.57 08/02/04 82 44 15 100 1.15 54 08/02/04 82 44 17 32 1.57 71 08/02/04 82 44 18 1.57 71 08/02/04 36 71 82 44 48 1.57 08/02/04 1a 2 71 82 44 43 1.57 08/02/04 82 44 20 34 1.57 71 08/02/04 21 71 82 44 21 1.57 08/02/04 82 44 22 33 71 08/02/04 1.57 44 82 3 32 1.57 71 08/02/04 82 4 100 71 08/02/04 44 1.57 82 44 5 51 1.57 71 08/02/04 82 6 60 71 08/02/04 44 1.57 82 44 7 88 1.15 54 08/02/04 82 44 8 60 1.57 71 08/05/04 9 82 44 50 71 08/02/04 1.57



School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

18

18

18

18

18

18

18

44

44

44

44

44

44

44

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

S: COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 16 Gallatin 0369 Belgrade H S **High School** District Route Miles Rate Days **Bus Driver's** Operated Social Security # Percentage # Per Day Per Mile Capacity Inspection 18 44 1 57 1.57 71 08/02/04 18 44 10 39 1.57 71 08/02/04 44 50 71 08/02/04 18 11 1.57 12 52 1.57 71 08/02/04 18 44 39 71 18 44 13 1.57 08/02/04 18 44 14 52 1.57 71 08/02/04 18 44 15 100 1.15 54 08/02/04 44 17 32 1.57 71 08/02/04 18 71 44 18 1.57 08/02/04 18 36 71 18 44 1a 48 1.57 08/02/04 18 44 2 43 1.57 71 08/02/04 71 18 44 20 34 1.57 08/02/04 18 44 21 71 08/02/04 21 1.57 44 18 22 33 1.57 71 08/02/04

71

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71

71

08/02/04

08/02/04

08/02/04

08/02/04

08/02/04

08/05/04

08/02/04

TR-6 (1/05) Page 1

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32

100

51

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88

60

50

1.57

1.57

1.57

1.57

1.15

1.57

1.57

PI

69

North/HB

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

102

1.57

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	ena, MT	59620-25	01		School Bus	Transporta	ation	County	
DUE DATES:	rebruary 1 to County Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
				IE KEIVIE	SURSEMEN	NI FOR SC	HOOL BUS TRA	NSPUKTA	HON:		
This claim	is for the p	eriod beginning	g		,	20 and e	nding		, 20	_•	
			n	nonth	day		n	nonth	day		
CERTIFI	CATION	:									
The inform	mation on th	is form is comp	olete and a	accurate to th	e best of my kn	owledge.					
Date			Signatur	re, Chair, Board	d of Trustees						
County:			District:					D	istrict Level:		
16 Gallat	tin		0374	West Yel	llowstone	K-12		H	igh Schoo	l	
Donaontogo	District	Route		Miles	Rate Por Mile	Canacity	Inspection	Days		Bus Driver's	

77

07/14/04

PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	Helena, MT 59620-2501						School Bus Transportation					
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR						Second Semester May 10 to County Superintendent May 24 to State Superintendent R SCHOOL BUS TRANSPORTATION:					
This claim is for the period beginning												
	month day month					da	ay					
CERTIF	ICATIO	N:										
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.						
Date			Signatu	re, Chair, Board	d of Trustees							
County:			District	:					District Le	evel:		
16 Gallatin 0375 Ophir Elem Elementary												
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		ays erated	S	Bus Drive Social Secur	
100	72	1		61	1.57	77	08/23/04					
100	72	2		38	1.57	71	08/23/04					

0	PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

			,						
DUE DATES:		February 1 t	First Semester o County Superin to State Superin			Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:									
This claim is for the period beginning								20	
			month	day		n	nonth da	ay	
CERTIF	ICATIO:	N:							
The infor	mation on	this form is comple	ete and accurate to th	e best of my kn	owledge.				
Date Signature, Chair, Board of Trustees									
County:			District:				District Le	evel:	
16 Gallatin 0376 Amsterdam Elem							Elemei	ntary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	75	Amsterdan	n 36.2	1.57	71	08/16/04			
100	75	Belgrade	10	1.80	84	08/16/04			
100	75	Bozeman			84	08/24/04			
100	75	Highline	17.6	1.57	78	08/24/04			
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